

# **EXHIBIT 3**

**IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF ILLINOIS**

STANFORD HEALTH CARE, a	)	
California not-for-profit healthcare	)	
corporation,	)	Case No.
	)	
Plaintiff,	)	
v.	)	
	)	
HEALTH CARE SERVICE	)	
CORPORATION, a Mutual Legal	)	
Reserve Co. d.b.a BLUE CROSS AND	)	
BLUE SHIELD OF ILLINOIS & BLUE	)	
CROSS AND BLUE SHIELD OF	)	
TEXAS; and DOES 1 THROUGH 25,	)	
INCLUSIVE,	)	
	)	
Defendants.	)	
	)	

**DECLARATION OF STACY BURNS IN SUPPORT OF  
DEFENDANT’S NOTICE OF REMOVAL**

I, Stacy Burns, declare and state as follows:

1. I am over twenty-one years of age, of sound mind, and fully competent to make this declaration. Based on my personal knowledge and experience at Health Care Service Corporation (“HCSC”), a Mutual Legal Reserve Company doing business in Illinois as its unincorporated division Blue Cross and Blue Shield of Illinois (“BCBSIL”) and doing business in Texas as its unincorporated division Blue Cross and Blue Shield of Texas (“BCBSTX”), and my review of documents related to the substance of this declaration, the matters below are true and correct to the best of my knowledge.

2. I am employed by HCSC in the position of supervisor. As supervisor, my job responsibilities include overseeing from certain HCSC electronic systems the collection of certain claims documents associated with certain claims for services rendered to HCSC members. In my

capacity as supervisor, I have personal knowledge of the facts set forth herein, and if called as a witness, I could and would testify competently to the matters set forth below.

3. I submit this declaration in support of the concurrently filed Notice of Removal filed by Defendant Health Care Service Corporation, a Mutual Legal Reserve Company.

4. BCBSIL insures individual and group health benefits plans, administers benefits for patients covered under self-funded health benefits plans, administers benefits for individuals covered under various government health benefits programs, and processes claims submitted pursuant to the BlueCard program for services provided to members of BCBSIL.

5. As part of my job duties, I have access to the corporate, contract, enrollment, and claims records described herein. I also am generally familiar with the customs and practices in the health insurance industry concerning the submission and adjudication of claims for services provided by out-of-state providers that are contracted with the local Blue Cross and Blue Shield Association licensees in their state. Further, as part of my job responsibilities, I am familiar with BCBSIL's participation in the BlueCard program and have access to the health benefits plans issued and/or administered by BCBSIL.

6. Claims for services rendered to BCBSIL members by providers located outside of Illinois are submitted and processed pursuant to the BlueCard program.

7. The BlueCard Program is a national program that enables the members of one Blue Cross and Blue Shield ("BCBS") plan to obtain health care services while traveling or living in another BCBS plan's service area. BlueCard links participating health care providers with the independent BCBSA-licensed plans across the country through a single electronic network for claims processing and reimbursement. When a member of BCBSIL receives medical care from a provider outside of Illinois, the member or their provider submits a claim to its local BCBS plan

that is located in that member or provider's state. That local BCBS plan (the "host plan"), transmits the claim information to the member's health plan (the "home plan") for a determination as to whether the member has coverage for the medical services at issue in accordance with the member's benefit plan with the home plan.

8. I understand that, during the time frame in dispute in this lawsuit, Stanford Health Care ("Stanford") was located in California and was, at all times relevant, contracted with Anthem Blue Cross ("Anthem"). *See, e.g.*, Plaintiff Stanford Health Care's First Amended Complaint at Law, ¶¶ 3, 26, attached as Exhibit 2 to Notice of Removal (the "First Amended Complaint" or "FAC"). As such, claims for services rendered by Stanford to members of BCBSIL would have been processed through the BlueCard program.

9. As a general matter, providers such as Stanford can submit BlueCard claims to BCBSIL via their local host plan, such as Anthem, on a paper claim form or electronically.

10. If paper claim forms are submitted for BlueCard claims to a host plan, providers such as Stanford generally use either a UB-04 form or a CMS-1500 form to claim payment of health plan benefits from insurers. The UB-04 form includes a field location (box 53) for the provider to state whether it possesses an assignment of insurance benefits from its patient. The provider enters the appropriate code – either "Y" for yes or "N" for no – to indicate to the payor that it has an assignment on file from the patient authorizing direct payment for services covered by the applicable plan. The UB-04 form also includes field locations for the provider to enter the employer name (box 65) and the insurance group name (box 61). The CMS-1500 form includes a field location (box 13) for the provider to indicate whether it possesses an assignment of insurance benefits from its patient and a field location (box 27) to state the provider accepts that assignment of benefits. The provider enters the appropriate responses, "signature on file" for box 13 and either

“Y” or “N” for box 27, to indicate whether it has an assignment on file authorizing direct payment for services covered by the applicable plan and whether the provider accepts assignment of benefits.

11. If claims for BlueCard claims are submitted electronically to a host plan, the electronic form contains similar fields as those in the UB-04 form and CMS-1500 form for a provider to indicate that it has an assignment of benefits from a patient.

12. When a member of BCBSIL receives care and a BlueCard claim for services is submitted by the member’s provider to a host plan, BCBSIL receives that claims information via the Blue Cross and Blue Shield Association’s BlueSquared Inter-Plan Messaging System (“BlueSquared”), which host and home plans use to communicate and transmit information for BlueCard claims. As part of my job duties and responsibilities, I am familiar with BlueSquared. BlueSquared allows a host plan and a home plan to exchange claim information that has been submitted by a home plan’s member or their provider, as well as information regarding the member’s coverage and benefits. Such claim or coverage information (including, but not limited to, information or documents relating to the services on the claim, the member’s coverage and benefits, and medical records requests) that is obtained or created in that process by either the home plan or host plan is uploaded to the BlueSquared software. I and others who work with Blue Cross and Blue Shield Association-licensed health plans use BlueSquared in the ordinary course of business to, among other things, search for, locate, and track claims information.

13. One of the fields in BlueSquared, “Assignment of Benefits,” is intended to reflect that the provider has submitted a claim to the host plan in which the provider has represented the existence of an assignment of benefits from a patient and that payment for benefits should go directly to the provider.

14. I have reviewed the Claims Spreadsheet attached as Exhibit A to the First Amended Complaint. Based on the information provided in the Claims Spreadsheet, I was able to identify the individuals referenced in Claim Nos. 1, 2, 19, 20, 28, 29, 39, 43, 44, 45, 55, 61, 66, 67, 71, 77, 78 and 89 of the Claim Spreadsheet, and further, identify the health plan under which those individuals received health care benefit coverage during the dates of service listed in the Claims Spreadsheet. I was also able to identify the claim information that was submitted for Claim Nos. 1, 2, 19, 20, 28, 29, 39, 43, 44, 45, 55, 61, 66, 67, 71, 77, 78 and 89 in BlueSquared.

15. Claim No. 1 corresponds with an individual (“Patient 1”) that received health care benefit coverage through a health plan sponsored by Unite Here Health on June 3, 2020, which is the admission and discharge date listed on the Claims Spreadsheet for Claim No. 1. Patient 1’s health plan is an employer-sponsored health plan, administered by BCBSIL. Attached to this Declaration as **Exhibit A-1** is a true and correct copy of the Summary Plan Description for the health plan in effect on June 3, 2020 that applied to Patient 1. I was able to locate a claim received by BCBSIL, reference no. 016062098H50H, which corresponds with Patient 1 and the admission and discharge date listed in the Claims Spreadsheet for Claim No. 1. I was also able to locate the information that BCBSIL received for claim reference no. 016062098H50H via BlueSquared. Attached to this Declaration as **Exhibit A-2** are true and correct excerpts of a BlueSquared screenprints for claim reference 016062098H50H, which have been redacted to protect Patient 1’s protected health information. As reflected in the BlueSquared screenprints for claim reference no. 016062098H50H, there is a “Y” next to “Assignment of Benefits.” *Id.* at p. 3.

16. Claim No. 2 corresponds with an individual (“Patient 2”) that received health care benefit coverage through a health plan sponsored by Line Construction Benefit Fund from February 22, 2021 to March 1, 2021, which are the admission and discharge dates listed in the

Claims Spreadsheet for Claim No. 2. Patient 2's health plan is an employer-sponsored health plan, administered by BCBSIL. Attached to this Declaration as **Exhibit B-1** is a true and correct copy of the Summary Plan Description for the health plan in effect from February 22, 2021 to March 1, 2021, that applied to Patient 2. I was able to locate a claim received by BCBSIL, reference no. 10766292K230H, which corresponds with Patient 2 and the admission and discharge dates listed in the Claims Spreadsheet for Claim No. 2. I was able to locate the information that BCBSIL received for claim reference no. 10766292K230H via BlueSquared. Attached to this Declaration as **Exhibit B-2** are true and correct excerpts of BlueSquared screenprints for claim reference no. 10766292K230H, which have been redacted to protect Patient 2's protected health information. As reflected in the BlueSquared screenprints for claim reference no. 10766292K230H, there is a "Y" next to "Assignment of Benefits." *Id.* at p. 3.

17. Claim No. 19 corresponds with an individual ("Patient 19") that received health care benefit coverage through a health plan sponsored by Unite Here Health from June 1, 2020 to July 6, 2020, which are the admission and discharge dates listed on the Claims Spreadsheet for Claim No. 19. Patient 19's health plan is an employer-sponsored health plan, administered by BCBSIL. Attached to this Declaration as **Exhibit C-1** is a true and correct copy of the Summary Plan Description for the health plan in effect from June 1, 2020 through July 6, 2020 that applied to Patient 19. I was able to locate two claims received by BCBSIL, reference no. 0216623086U0H and reference no. 0231622B9130H, which correspond with Patient 19 and the admission and discharge dates listed in the Claims Spreadsheet for Claim No. 19. I was also able to locate the information that BCBSIL received for claim reference no. 0216623086U0H and claim reference no. 0231622B9130H via BlueSquared. Attached to this Declaration as **Exhibit C-2** are true and correct excerpts of a BlueSquared screenprints for claim reference 0231622B9130H, which have

been redacted to protect Patient 19's protected health information. As reflected in the BlueSquared screenprints for claim reference no. 0216623086U0H, there is a "Y" next to "Assignment of Benefits." *Id.* at p. 3. Attached to this Declaration as **Exhibit C-3** are true and correct excerpts of BlueSquared screenprints for claim reference no. 0231622B9130H, which have been redacted to protect Patient 19's protected health information. As reflected in the BlueSquared screenprints for claim reference no. 0231622B9130H, there is a "Y" next to "Assignment of Benefits." *Id.* at p. 3.

18. Claim No. 20 corresponds with an individual ("Patient 20") that received health care benefit coverage through a health plan sponsored by National Elevator Industry on June 30, 2020, which is the admission and discharge date listed on the Claims Spreadsheet for Claim No. 20. Patient 20's health plan is an employer-sponsored health plan, administered by BCBSIL. Attached to this Declaration as **Exhibit D-1** is a true and correct copy of the Summary Plan Description for the health plan in effect on June 30, 2020 that applied to Patient 20. I was able to locate a claim received by BCBSIL, reference no. 018862110W40H, which corresponds with Patient 20 and the admission and discharge date listed in the Claims Spreadsheet for Claim No. 20. I was also able to locate the information that BCBSIL received for claim reference no. 018862110W40H via BlueSquared. Attached to this Declaration as **Exhibit D-2** are true and correct excerpts of a BlueSquared screenprints for claim reference no. 018862110W40H, which have been redacted to protect Patient 20's protected health information. As reflected in the BlueSquared screenprints for claim reference no. 018862110W40H, there is a "Y" next to "Assignment of Benefits." *Id.* at p. 3.

19. Claim No. 28 corresponds with an individual ("Patient 28") that received health care benefit coverage through a health plan sponsored by State Farm Mutual Automobile Insurance on July 16, 2020, which is the admission and discharge date listed in the Claims Spreadsheet for



Claim No. 28. Patient 28's health plan is an employer-sponsored health plan, administered by BCBSIL. Attached to this Declaration as **Exhibit E-1** is a true and correct copy of the Summary Plan Description for the health plan in effect on July 16, 2020 that applied to Patient 28. I was able to locate a claim received by BCBSIL, reference no. 0203627455U0H, which corresponds with Patient 28 and the admission and discharge date listed in the Claims Spreadsheet for Claim No. 28. I was also able to locate the information that BCBSIL received for claim reference no. 0203627455U0H via BlueSquared. Attached to this Declaration as **Exhibit E-2** are true and correct excerpts of BlueSquared screenprints for claim reference no. 0203627455U0H, which have been redacted to protect Patient 28's protected health information. As reflected in the BlueSquared screenprints for claim reference no. 0203627455U0H, there is a "Y" next to "Assignment of Benefits." *Id.* at p. 3. From a review of the claims information extracted from BCBSIL's claim repository database, I was able to determine that certain charges on Claim No. 28 were initially determined to be not payable due to insufficient clinical records to establish medical necessity, and after Stanford Medical Center submitted an appeal with medical records, the charges were deemed to be not medically necessary. Attached to this Declaration as **Exhibit E-3** is a true and correct excerpt of Stanford's appeal dated January 6, 2021, noting that charges on Claim No. 28 were denied for lack of medical necessity.

20. Claim No. 29 corresponds with an individual ("Patient 29") that received health care benefit coverage through a health plan sponsored by State Farm Mutual Automobile Insurance from February 25, 2021 to April 16, 2021, which are the admission and discharge dates listed in the Claims Spreadsheet for Claim No. 29. Patient 29's health plan is an employer-sponsored health plan, administered by BCBSIL. Attached hereto as **Exhibit E-1** is a true and correct copy of the Summary Plan Description for the health plan in effect on February 25, 2021 to April 16, 2021

that applied to Patient 29. I was able to locate a claim received by BCBSIL, reference no. 123162461V10H, which corresponds with Patient 29 and the admission and discharge date listed in the Claims Spreadsheet for Claim No. 29. I was also able to locate the information that BCBSIL received for claim reference no. 123162461V10H via BlueSquared. Attached to this Declaration as **Exhibit F-2** are true and correct excerpts of BlueSquared screenprints for claim reference no. 123162461V10H, which have been redacted to protect Patient 29's protected health information. As reflected in the BlueSquared screenprints for claim reference no. 123162461V10H, there is a "Y" next to "Assignment of Benefits." *Id.* at p. 3.

21. Claim No. 39 corresponds with an individual ("Patient 39") that received health care benefit coverage through a health plan sponsored by Williams Lea on March 10, 2021, which is the admission and discharge date listed on the Claims Spreadsheet for Claim No. 39. Patient 39's health plan is an employer-sponsored health plan, administered by BCBSIL. Attached to this Declaration as **Exhibit G-1** is a true and correct copy of the Summary Plan Description for the health plan in effect on March 10, 2021 that applied to Patient 39. I was able to locate a claim received by BCBSIL, reference no. 1081623628F0H, which corresponds with Patient 39 and the admission and discharge date listed in the Claims Spreadsheet for Claim No. 39. I was also able to locate the information that BCBSIL received for claim reference no. 1081623628F0H via BlueSquared. Attached to this Declaration as **Exhibit G-2** are true and correct excerpts of BlueSquared screenprints for claim reference 1081623628F0H, which have been redacted to protect Patient 39's protected health information. As reflected in the BlueSquared screenprints for claim reference no. 1081623628F0H, there is a "Y" next to "Assignment of Benefits." *Id.* at p. 3. From a review of the claims information extracted from BCBSIL's claims repository database, I was able to determine that charges on Claim No. 39 were initially determined to be not payable

due to insufficient clinical records to establish medical necessity, and after Stanford submitted medical records, the charges were determined to be not payable as not medically necessary. Attached to this Declaration as **Exhibit G-3** is a true and correct copy of BCBSIL's letter dated September 15, 2021 in which BCBSIL explained that services on Claim 39 were determined to be not medically necessary.

22. Claim No. 43 corresponds with an individual ("Patient 43") that received health care benefit coverage through a health benefit plan sponsored by Line Construction Benefit Fund from December 13, 2021 through December 15, 2021, which are the admission and discharge dates listed on the Claims Spreadsheet for Claim No. 43. Patient 43's health plan is an employer-sponsored health plan, administered by BCBSIL. Attached to this Declaration as **Exhibit H-1** is a true and correct copy of the Summary Plan Description for the health plan in effect in December 2021 that applied to Patient 43. I was able to locate a claim received by BCBSIL, reference no. 1357622700X0H, which corresponds with Patient 43 and the admission and discharge dates listed in the Claims Spreadsheet for Claim No. 43. I was able to locate the information that BCBSIL received for claim reference no. 1357622700X0H via BlueSquared. Attached to this Declaration as **Exhibit H-2** are true and correct excerpts of BlueSquared screenprints for claim reference no. 1357622700X0H, which have been redacted to protect Patient 43's protected health information. As reflected in the BlueSquared screenprints for claim reference no. 1357622700X0H, there is a "Y" next to "Assignment of Benefits." *Id.* at p. 3. From a review of the claims information extracted from BCBSIL's claim repository database, I was able to determine that changes on Claim No. 43 were determined to not be payable because medical necessity for services was not established and, therefore, the services are not covered under Patient 43's plan. Attached to this

Declaration as **Exhibit H-3** are true and correct excerpts of the appeal submitted by Stanford dated February 2, 2022, noting that charges on Claim No. 43 were denied for lack of medical necessity.

23. Claim No. 44 corresponds with an individual (“Patient 44”) that received health care benefit coverage through a health plan sponsored by AT&T Services, Inc. on December 22, 2020, which is the admission and discharge date listed on the Claims Spreadsheet for Claim No. 44. Patient 44’s health plan is an employer-sponsored health plan, administered by BCBSIL. Attached to this Declaration as **Exhibit I-1** is a true and correct copy of the Summary Plan Description for the health plan in effect in December 2020 that applied to Patient 44. I was able to locate a claim received by BCBSIL, reference no. 036662753V50H, which corresponds with Patient 44 and the admission and discharge date listed in the Claims Spreadsheet for Claim No. 44. I was also able to locate the information that BCBSIL received for claim reference no. 036662753V50H via BlueSquared. Attached to this Declaration as **Exhibit I-2** are true and correct excerpts of BlueSquared screenprints for claim reference 036662753V50H, which have been redacted to protect Patient 44’s protected health information. As reflected in the BlueSquared screenprints for claim reference no. 036662753V50H, there is a “Y” next to “Assignment of Benefits.” *Id.* at p. 3.

24. Claim No. 45 corresponds with an individual (“Patient 45”) that received health care benefit coverage through a health plan sponsored by AT&T Services, Inc. on December 15, 2020, which is the admission and discharge date listed on the Claims Spreadsheet for Claim No. 45. Patient 45’s health plan is an employer-sponsored health plan, administered by BCBSIL. Attached to this Declaration as **Exhibit J-1** is a true and correct copy of the Summary Plan Description for the health plan in effect in December 2020 that applied to Patient 45. I was able to locate a claim received by BCBSIL, reference no. 036662672U40H, which corresponds with

Patient 45 and the admission and discharge date listed in the Claims Spreadsheet for Claim No. 45. I was also able to locate the information that BCBSIL received for claim reference no. 036662672U40H via BlueSquared. Attached to this Declaration as **Exhibit J-2** are true and correct excerpts of BlueSquared screenprints for claim reference 036662672U40H, which have been redacted to protect Patient 45's protected health information. As reflected in the BlueSquared screenprints for claim reference no. 036662672U40H, there is a "Y" next to "Assignment of Benefits." *Id.* at p. 3.

25. Claim No. 55 corresponds with an individual ("Patient 55") that received health care benefit coverage through a health plan sponsored by Sidley Austin LLP from January 3, 2017 to January 31, 2017, which are the admission and discharge dates listed on the Claims Spreadsheet for Claim No. 55. Patient 55's health plan is an employer-sponsored health plan, administered by BCBSIL. Attached to this Declaration as **Exhibit K-1** is a true and correct copy of the Summary Plan Description for the health plan in effect from January 3, 2017 to January 25, 2017 that applied to Patient 55. I was able to locate a claim received by BCBSIL, reference no. 703762U01350H, which corresponds with Patient 55 and the service dates January 3, 2017 to January 25, 2017, which overlap with the admission and discharge dates listed in the Claims Spreadsheet for Claim No. 55<sup>1</sup>. Attached to this Declaration as **Exhibit K-2** are true and correct excerpts of a BlueSquared screenprints for claim reference no. 703762U01350H, which have been redacted to protect Patient 55's protected health information. As reflected in the BlueSquared screenprints for claim reference no. 703762U01350H, there is a "Y" next to "Assignment of Benefits." *Id.* at p. 3.

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<sup>1</sup> While the First Amended Complaint alleges the dates of admission and discharge for Claim No. 55 are January 3, 2017 to January 31, 2017, BCBSIL's claim repository database shows the admission and discharge date for this claim to be January 3, 2017 to January 25, 2017. The total charges on claim reference no. 703762U01350H, \$ 220,053.88, are identical to the total charges listed for Claim No. 55 in the Claims Spreadsheet. *See* Ex. 2 to Notice of Removal at Ex. A thereto.

26. Claim No. 61 corresponds with an individual (“Patient 66”) that received health care benefit coverage through a health plan sponsored by National Elevator Industry on September 9, 2020, which is the admission and discharge date listed on the Claims Spreadsheet for Claim No. 61. Patient 61’s health plan is an employer-sponsored health plan, administered by BCBSIL. Attached to this Declaration as **Exhibit L-1** is a true and correct copy of the Summary Plan Description for the health plan in effect on September 9, 2022 that applied to Patient 61. I was able to locate a claim received by BCBSIL, reference no. 0258627T0640H, which corresponds with Patient 61 and the admission and discharge date listed in the Claims Spreadsheet for Claim No. 61. I was also able to locate the information that BCBSIL received for claim reference no. 0258627T0640H via BlueSquared. Attached to this Declaration as **Exhibit L-2** are true and correct excerpts of a BlueSquared screenprints for claim reference no. 0258627T0640H, which have been redacted to protect Patient 61’s protected health information. As reflected in the BlueSquared screenprints for claim reference no. 0258627T0640H, there is a “Y” next to “Assignment of Benefits.” *Id.* at p. 3.

27. Claim No. 66 corresponds with an individual (“Patient 66”) that received health care benefit coverage through a health plan sponsored by Unite Here Health from November 20, 2020 to December 11, 2020, which are the admission and discharge dates listed on the Claims Spreadsheet for Claim No. 66. Patient 66’s health plan is an employer-sponsored health plan, administered by BCBSIL. Attached to this Declaration as **Exhibit M-1** is a true and correct copy of the Summary Plan Description for the health plan in effect from November 20, 2020 to December 11, 2020 that applied to Patient 66. I was able to locate a claim received by BCBSIL, reference no. 10216234L950H, which corresponds with Patient 66 and the admission and discharge dates listed in the Claims Spreadsheet for Claim No. 66. Attached to this Declaration as

**Exhibit M-2** are true and correct excerpts of a BlueSquared screenprints for claim reference no. 10216234L950H, which have been redacted to protect Patient 66's protected health information. As reflected in the BlueSquared screenprints for claim reference no. 10216234L950H, there is a "Y" next to "Assignment of Benefits." *Id.* at p. 3.

28. Claim No. 67 corresponds with an individual ("Patient 67") that received health care benefit coverage through a health plan sponsored by W.W. Grainger, Inc. from March 3, 2021 to March 4, 2021, which are the admission and discharge dates listed on the Claims Spreadsheet for Claim No. 67. Patient 67's health plan is an employer-sponsored health plan, administered by BCBSIL. Attached to this Declaration as **Exhibit N-1** is a true and correct copy of the Summary Plan Description for the health plan in effect from March 3, 2021 to March 4, 2021 that applied to Patient 67. I was able to locate a claim received by BCBSIL, reference no. 10766210D130H, which corresponds with Patient 67 and the admission and discharge dates listed in the Claims Spreadsheet for Claim No. 67. Attached to this Declaration as **Exhibit N-2** are true and correct excerpts of a BlueSquared screenprints for claim reference no. 10766210D130H, which have been redacted to protect Patient 67's protected health information. As reflected in the BlueSquared screenprints for claim reference no. 10766210D130H, there is a "Y" next to "Assignment of Benefits." *Id.* at p. 3.

29. Claim No. 71 corresponds with an individual ("Patient 71") that received health care benefit coverage through a health plan sponsored by Line Construction Benefit Fund between October 31, 2020 to November 1, 2020, which are the admission and discharge dates in the Claims Spreadsheet for Claim No. 71. Patient 71's health plan is an employer-sponsored health plan, administered by BCBSIL. Attached to this Declaration as **Exhibit O-1** is a true and correct copy of the Summary Plan Description for the health benefit plan in effect in from October 21, 2020 to

November 1, 2020 that applied to Patient 71. I was able to locate a claim received by BCBSIL, reference no. 031262V76310H, which corresponds with Patient 71 and the admission and discharge dates listed in the Claims Spreadsheet for Claim No. 71. I was also able to locate the information that BCBSIL received for claim reference no. 031262V76310H via BlueSquared. Attached to this Declaration as **Exhibit O-2** are true and correct excerpts of BlueSquared screenprints for claim reference no. 031262V76310H, which have been redacted to protect Patient 71's protected health information. As reflected in the BlueSquared screenprints for claim reference no. 031262V76310H, there is a "Y" next to "Assignment of Benefits." *Id.* at p. 3.

30. Claim No. 77 corresponds with an individual ("Patient 77") that received health care benefit coverage through a health plan sponsored by Unite Here Health on April 26, 2021, which is the admission and discharge date in the Claims Spreadsheet for Claim No. 77. Patient 77's health plan is an employer-sponsored health plan, administered by BCBSIL. Attached to this Declaration as **Exhibit P-1** is a true and correct copy of the Summary Plan Description for the health benefit plan in effect on April 26, 2021 that applied to Patient 77. I was able to locate a claim received by BCBSIL, reference no. 1145623562S0H, which corresponds with Patient 77 and the admission and discharge dates listed in the Claims Spreadsheet for Claim No. 77. I was also able to locate the information that BCBSIL received for claim reference no. 1145623562S0H via BlueSquared. Attached to this Declaration as **Exhibit P-2** are true and correct excerpts of BlueSquared screenprints for claim reference no. 1145623562S0H, which have been redacted to protect Patient 77's protected health information. As reflected in the BlueSquared screenprints for claim reference no. 1145623562S0H, there is a "Y" next to "Assignment of Benefits." *Id.* at p. 1.

31. Claim No. 78 corresponds with an individual ("Patient 78") that received health care benefit coverage through a health plan sponsored by AT&T Services, Inc. on May 3, 2020,



which is the admission and discharge date in the Claims Spreadsheet for Claim No. 78. Patient 78's health plan is an employer-sponsored health plan, administered by BCBSIL. Attached to this Declaration as **Exhibit Q-1** is a true and correct copy of the Summary Plan Description for the health benefit plan in effect on May 3, 2020 that applied to Patient 78. I was able to locate a claim received by BCBSIL, reference no. 0132620921G0H, which corresponds with Patient 78 and the admission and discharge dates listed in the Claims Spreadsheet for Claim No. 78. I was also able to locate the information that BCBSIL received for claim reference no. 0132620921G0H via BlueSquared. Attached to this Declaration as **Exhibit Q-2** are true and correct excerpts of BlueSquared screenprints for claim reference no. 0132620921G0H, which have been redacted to protect Patient 78's protected health information. As reflected in the BlueSquared screenprints for claim reference no. 0132620921G0H, there is a "Y" next to "Assignment of Benefits." *Id.* at p. 3. From a review of the claims information extracted from BCBSIL's claims repository database, I was able to determine that certain charges on Claim No. 78 were determined to be not payable and instead member responsibility due to the medication being covered under CVS Caremark Specialty Pharmacy. Attached to this Declaration as **Exhibit Q-3** is a true and correct copy of BCBSIL's letter dated June 18, 2021 submitted in response to an inquiry made by Stanford's counsel seeking further information as to the basis of denial for CPT Code J1571, to which BCBSIL explained that Patient 78's prescription services are handled by an outside vendor, Caremark, and that CPT Code J1571 was denied due to the medication being covered under CVS Caremark Specialty Pharmacy.

32. Claim No. 89 corresponds with an individual ("Patient 89") that received health care benefit coverage through a health plan sponsored by Sprint on November 19, 2019, which is the admission and discharge date in the Claims Spreadsheet for Claim No. 89. Patient 89's health plan is an employer-sponsored health plan, administered by BCBSIL. Attached to this Declaration

as **Exhibit R-1** is a true and correct copy of the Summary Plan Description for the health benefit plan in effect on November 19, 2019, that applied to Patient 89. I was able to locate a claim received by BCBSIL, reference no. 93296282A670H, which corresponds with Patient 89 and the admission and discharge date listed in the Claims Spreadsheet for Claim No. 89. I was able to locate the information that BCBSIL received for claim reference no. 93296282A670H via BlueSquared. Attached to this Declaration as **Exhibit R-2** are true and correct excerpts of BlueSquared screenprints for claim reference no. 93296282A670H, which have been redacted to protect Patient 89's protected health information. As reflected in the BlueSquared screenprints for claim reference no. 93296282A670H, there is a "Y" next to "Assignment of Benefits." *Id.* at p. 3. From a review of the claims information extracted from BCBSIL's claim repository database, I was able to determine that certain charges on Claim No. 89 were determined to be not payable because they were deemed not medically necessary. Attached to this Declaration as **Exhibit R-3** is a true and correct copy of BCBSIL's initial denial letter dated September 30, 2019, in which BCBSIL explained charges on Claim No. 89 were determined to be not medically necessary as defined in Patient 89's health plan. Attached to this Declaration as **Exhibit R-4** is a true and correct copy of BCBSIL's first level appeal determination letter dated March 25, 2020, in which it reiterated the basis for the medical necessity determination.<sup>2</sup>

33. By virtue of my duties and responsibilities, I am familiar with the manner in which the Exhibits attached to my declaration were created and maintained. The Exhibits to my declaration were all kept by BCBSIL in the regular course of business, and it was the regular course of business for BCBSIL, or a knowledgeable employee or representative of BCBSIL to make these

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<sup>2</sup> The initial and appeal determinations were made by eviCore, an entity with which BCBSIL contracts to review requests for coverage for certain services.

records or to transmit the information to be included in these records. The records were made at or near the time or reasonably soon after the act, event, condition, or opinion that was recorded.

I declare under penalty of perjury under the laws of the United States and the laws of the State of Illinois that the foregoing is true and correct.

Executed in Harrison County, Texas, on the 21st, day of July 2023.

/s/ Stacy Burns

Stacy Burns